

APPLICATION FOR DRIVER'S LICENSE REINSTATEMENT

NAME (FIRST, MIDDLE, LAST)		
STREET ADDRESS		
CITY	STATE	ZIP
MAILING ADDRESS (if different from "Street Address")		
DAYTIME TELEPHONE NUMBER () -	FAX NUMBER () -	

[illegible]**PAYMENT METHOD** (check one):

- ☐ **Money Order** payable to the “**State of Michigan**”
- ☐ **Check** payable to the “**State of Michigan**”
- ☐ **Credit Card** – State of Michigan only accepts Discover, MasterCard, or VISA

REINSTATEMENT FEE TYPES (check those applicable):

- ☐ Standard
- ☐ Minor in Possession (MIP)
- ☐ Drug Crime
- ☐ Friend of the Court (**Rescind Order must accompany payment**)

COMMENTS:

COMMENTS:

Credit Card Number

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Credit Card
Expiration Date

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Enter Total Fees Here

\$.00

NAME ON CREDIT CARD (PLEASE PRINT)

My signature below authorizes the Michigan Department of State to charge my account.

X _____
Signature of Cardholder

____/____/____
Date

If paying by credit card, you may fax this completed application to (517) 322-1063.

Requests received after 4:00 p.m. Eastern Time will be processed on the next business day.

Mail completed application with a check or money order payable to “**State of Michigan**” to:

Michigan Department of State
Distributed Services Unit
Lansing, Michigan 48918



www.Michigan.gov/sos